

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>136</u>
District of <u>San Carlos</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>605</u>
Town of _____			Local Registrar No. _____
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Rose Russell</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>9 16 / 23</u>	Month day year
8. FATHER		14. MOTHER	
Full name <u>Charles Russell</u>		Full maiden name <u>Hazel Brown</u>	
9. Residence (Usual place of abode) <u>San Carlos Ariz</u>		15. Residence (Usual place of abode) <u>San Carlos Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>29</u> (Years)	
12. Birthplace (city or place) <u>San Carlos Ariz</u>		18. Birthplace (city or place) <u>San Carlos Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Harnessmaker</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>2</u>		21. Were precautions taken against opthalmia neonatorum? <u>No</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 A.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>[Signature]</u>	
Given name added from a supplemental report _____		Address <u>San Carlos Ariz</u>	
Month, day, year. _____		Filed <u>9/22</u> 19 <u>23</u>	
Registrar. _____		Local Registrar. <u>[Signature]</u>	
		County Registrar. _____	

993-916-825